



Zoning Confirmation Application

Louisville Metro Planning & Design Services

Case No.: _____

Intake Staff: _____

Date: _____

Fee: **\$ 25**

Project Information:

This is a Zoning Confirmation Application for the following (check one):

- ☐ Motor Vehicle Dealer
- ☐ Mobile Home Sales
- ☐ Salon
- ☐ Commercial Daycare
- ☐ ABC License
- ☐ Tattoo/Body Piercing Facility

Name of Business: _____

Primary Address: _____

Contact Information:

(Business Owner, Applicant, or Authorized Representative)

Name: _____

Company (*if applicable*): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Signature (required): _____